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LETTERS

DEMENTIA FOLLOW-UP

Memory clinics and primary care: not a question of either/or

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Meeuwsen and colleagues' finding that the usual care provided within Dutch general practice for people with dementia is at least as effective as that provided by secondary care memory clinics is encouraging.[1]

The Gnosall model takes specialist skills that are usually tied into a secondary care clinic out to the front line to become part of the services offered by the primary care team (www.gnosallsurgery.co.uk/clinics-and-services.aspx?t=5).[2] Thus, there is no divide for patients or families: people are seen within the practice for their memory problems just as they are for other symptoms and complications. We have outlined a three tier model with 90% of patients managed within augmented primary care.[3] This has been sustained over six years. Take-up rates are high, satisfaction rates are the highest in the county, costs associated with the use of other healthcare are extraordinarily low (costs are low and savings high (£1m (€1.24m; $1.57m) on a budget of £8m)). Integrated work with local social services and voluntary and informal support are all essential natural ingredients.

This is not a question of "either/or" but of togetherness.

We believe that all components of care will be improved by closer integration and availability of knowledge and expertise throughout the time course of the condition. Integrated care has a new high profile on the political agenda in England.[4] With developing insights about the powerful place of primary care in dementia care, we have the opportunity to deliver more integrated care.

Competing interests: None declared.

1 Meeuwsen EJ, Melis RJF, Van Der Aa GCHM, Golüke-Willemse GAM, De Leest BJM, Van Raak FHJM, et al. Effectiveness of dementia follow-up by memory clinics or general practitioners: randomised controlled trial. *BMJ* 2012;344:e3086. (15 May.)
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